A Rare Case of Cysticercosis of the Abdominal Wall

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CASE REPORT

A 6-year-old boy presented with a painless swelling on the right side of the abdominal wall at the level of umbilicus, noticed by mother while bathing the child 8 days back. He was a non-vegetarian residing in a rural locality. On examination there was an ovoid, freely mobile non tender swelling measuring 2 cm × 1 cm in size. Routine examination of the patient revealed eosinophilia, eosinophil counts were markedly raised. Other routine investigations were with in normal limit. There was no history of trauma. He underwent excisional biopsy. Histopathology confirmed cysticercus cellulose shown in Figure 1. He did not have any neurological symptom, seizure or visual disturbance. CT scan head and ophthalmic examination were unremarkable.

DISCUSSION

Cysticercosis is a parasitic infection caused by cisticercus cellulosae, the larva form of Taenia solium. Whereas the infestation of the human intestine with an adult tapeworm...
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is known as Taeniasis. Human are the only definite host while human and pig can act as intermediate hosts. The mode of transmission is feco-oral. The most common being the consumption of raw or under cooked beef or pork, water or vegetables contaminated by Taenia eggs.1

Humans become the dead end host of the T. solium larvae when they drink contaminated water or eat raw or poorly cooked vegetables or pork infested with larvae.2

The most common site of occurrence of cysticercosis of soft tissue cysticercosis is skeletal muscle of the upper extremities.3 Abdominal and chest wall lesions are seen less often.4,5

Isolated soft tissue cysticercosis is often used as a marker of neurocysticercosis and an evaluation for coexisting central nervous system (CNS), and ocular involvement is recommended.4 This was done post-operatively in our patient. High-resolution sonography can clinch the diagnosis by demonstrating the presence of a scolex within the cyst. Sonographic features are surrounding edema or abscess formation and rice grain appearance.6

Fine needle aspiration cytology is also useful for pre-operative diagnosis of soft tissue cysticercosis. The aspirate is usually blood stained. Sometimes it may be clear fluid or pearly white. It may show the presence of tiny parasitic fragments.7

Surgical excision of the isolated soft tissue cysticercosis usually suffice if concurrent involvement of the CNS and ocular disease have been ruled out, if soft tissue cysticercosis is diagnosed accurately. Particularly in an endemic area it can be treated medically eliminating need for surgery, if there is evidence of abscess formation. Medical therapy includes high dose anthelminthic therapy, i.e., albendazole 10-15 mg/kg/day for 8 days.3,8

CONCLUSION

Most important aspect of our case report is to give a message of preventing the infection involves: Cooking pork well, boiled vegetables, proper sanitation and improved access to clean water in urban, as well as rural part of India. Conservative management of neurocysticercosis may be with the medications praziquantel or albendazole. Medication required long period of time. Role of steroids is also there to decrease inflammation during treatment. Anti-seizure medication is also needed for neuro-cysticercosis. Surgical management is the main stay when conservative management is fail to relieve the symptoms.

REFERENCES


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